



A Touchstone Energy® Cooperative

APPLICATION AND AGREEMENT FOR COOPERATIVE MEMBERSHIP AND FOR ELECTRIC SERVICE

\$180 Deposit

The undersigned (herein called the Applicant) hereby applies for membership in, and agrees to purchase electric energy from the FALL RIVER RURAL ELECTRIC COOPERATIVE, INC. (hereinafter called the "Cooperative") upon the following terms and conditions:

1. When electric energy becomes available, the applicant will receive power and pay within the time period specified by the Board of Directors at rates to be determined from time to time in accordance with the bylaws of the Cooperative provided, however, that the Cooperative may limit the amount of electric energy to be furnished for industrial uses.

2. Applicant will cause all premises to which service is extended, to be wired in accordance with specifications of the National Electric Safety Code, as amended.

3. Applicant will comply with and be, bound by the provisions of the certificate of incorporation and by-laws of the Cooperative as well as such rules and regulations as may from time to time be adopted by the Cooperative.

4. By becoming a member, applicant assumes no personal liability or responsibility for any debt or liabilities of the Cooperative, and it is expressly understood that under the law his/her private property cannot be attached for any such debts or liabilities.

5. This agreement shall become effective on the date service is first made available hereunder by the Cooperative to the applicant, and shall extend thereafter so as to remain in effect so that at any designated time, there shall remain a period of at least twelve (12) months remaining under this agreement. This agreement shall continue and be extended so long as applicant shall continue to receive service, and/or as may be allowed by the Cooperative.

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Dated

Print Name (First, Middle Initial, Last)

LOCATION OF PREMISES

Signature

Physical Address

Print Name (First, Middle Initial, Last)

City, State

Signature

Property Owner

Mailing Address

Please return your completed form by mail to our Ashton headquarters or e-mail to cathy.dixon@fallriverelectric.com . This form CANNOT be submitted through our website.

City State Zip

Social Security Number and/or Drivers License # or Business Tax ID

OFFICE USE ONLY

Area Code Telephone Number

The above applicant for membership is Accepted this ___ day of ___

E-mail Address

FALL RIVER RURAL ELECTRIC COOPERATIVE, INC.

Alternate e-mail address

By (President of Cooperative)

No ___ DO NOT ALLOW MY BILL TO ROUND UP. Donations will be added to the Helping Hands Fund. All new applications will need to opt out. If not checked you agree to contribute to the round up program.

District #

Member Number #